

CLAIMS ONLY						Application Number 16755387	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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48									
49									
50									
Total Indep			3						
Total Depend			15						
Total Claims			18						